Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Dying *with* or dying *from* COVID-19: When being able to count is relevant

Morir con o morir de COVID-19: cuando poder contar es relevante

Dear Editor,

Mass media has emphasized the controversy of dying "with" or dying "from" COVID-19. That is, the difference between having suffered COVID-19, but dying from another cause; or dying due to COVID-19.[1] This controversy overlapped the lack of official counts of death causes, in time and manner, by the National Institute of Statistics (INE acronym in Spanish),[2] based on official medical certificates of death (DC), which were adapted to the WHO standards in 2009, and are being codified by the Autonomous Communities according to the rules of the International Classification of Diseases. COVID counts have been published with little delay in our neighboring European countries.[3] This controversy suffered political hyperbole, favored by different estimations of death counts because the cause of death information was not available.[4]

Let us remember, that in March 2020, WHO defined COVID-19 disease as SARS-CoV-2 virus identified and not identified by diagnostic tests; that the Ministry of Health has been modifying the COVID-19 case-definition during the course of the pandemic for better surveillance and control; and that in Spain, the official statistical institution is the INE (www.ine.es).

Because of this, we proposed to assess and quantify the co-mortality with COVID-19 in our regional health council based on INE data. We elaborated the co-mortality/mortality indexes of COVID-19 and other causes mentioning COVID-19 on the residents' death certificates in the Region of Murcia in 2020. The indexes were described by area, age and sex. We compared the results using the Chi-square test with two-sided statistical significance for $p < 0.05$.

We recorded 786 deaths of COVID-19 (6.3% of 12,392 deaths), 746 confirmed and 40 unconfirmed cases. The 46% were women. The age-distribution was statistically significant according to sex (Fig. 1). The 84% of women and the 61% of men were over 74 years of age. We found 61 deaths "with" COVID-19 (29 women and 32 men, 0.8% of total COVID), which were mainly due to neoplasm (26%) and cardiovascular (20%) diseases.

The mass media controversy of dying "from" or "with" COVID-19 does not seem very relevant, in our case, given the relatively low figures of those who suffered COVID-19 but died from other causes. We must comment that the deceased cases were validated with epidemiological surveillance information or digital medical records (without access to a large part of the private health care records of ISFAS/MUFACE/MUGEJU of civil servants).

Likewise, we have learned that the pilot tests of the new digital DC, first in the province of Ciudad Real, and later in Navarre, have not obtained the expected results; and it seems that other viabilities are being negotiated with the Medical College Organization

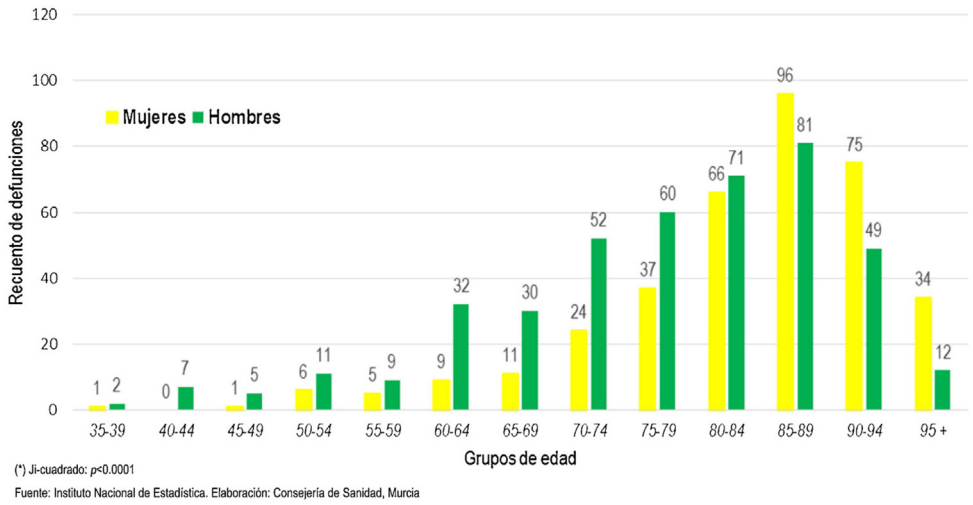

Fig. 1. COVID-19 death-counts (confirmed and suspected) by age group and sex* in residents of the Region of Murcia, 2020.

(OMC in Spanish), owner of the DC. At the same time, the Ministry of Justice will give an "individual identification number" to every live birth on the Civil Register, enabling indexation throughout the National Health System.

It is still important to quantify deaths by their cause in time and manner in any health emergency (for example, heatstroke deaths) by completing the digital circuit of statistics publication. The OMC has a social responsibility to overcome technical difficulties of the implementation of the electronic CD, -an anachronism in the digital transformation era-, to allow death causes counts in time and manner, for the benefit of all.

Ethical considerations

Not applicable.

Financing

No financing.

Conflict of interest

No conflicts of interest to declare.

References

1. The figures of deaths from covid are unspecific. Death certificates do not distinguish between people who have died "from" or "with" the infection. Las cifras de fallecidos por covid son inespecíficas. En los certificados de defunción no se distingue entre personas que han muerto «a causa» o «con» la infección. Salud. La Razón. 01/11/2021. https://www.larazon.es/sociedad/20211101/owehdlnzbnbrrnjxd2q5z5bboe.html [accessed 20.7.22].
2. Cirera L, Segura A, Hernández I. Deaths by COVID-19: not all were registered and others should not be accounted for [Defunciones por COVID-19: no están todas las que son y no son todas las que están]. Gac Sanit. 2021;35:590–3, http://dx.doi.org/10.1016/j.gaceta.2020.06.006.
3. Institut National de la Santé et de la Recherche Médicale. [Assistance with medical certification. The electronic certificate]. Aide à la certification medicale. Le certificat electronique. www.certdc.inserm.fr/public_view.php?ihm=102 [accessed 19.4.22].
4. Health Institute of Charles III. [Daily mortality surveillance (MoMo)]. Monitorización de la Mortalidad Diaria (MoMo). Available from: https://momo.isciii.es/public/momo/dashboard/momo_dashboard.html#documentacion [accessed 12.06.22].

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Out-of-body experience as a manifestation of epilepsy

Experiencia extracorporal como manifestación de epilepsia

Dear Editor:

Autoscopic phenomena (AP) are complex hallucinations of body perception during which the patient experiences a visual duplication of his or her own body in space. AP as a symptom of epileptic seizures has rarely been described.

We report the case of a 32-year-old male who came to our clinic with a history of epilepsy. He had been diagnosed with epilepsy at the age of 17, secondary to a right atrioventricular ganglioglioma, and underwent surgery to remove the lesion. The patient was treated with carbamazepine until the age of 19, when it was discontinued as he remained seizure-free. He came to the clinic because, after years without seizures and without treatment, he had started having them again. These were described as if his chest was being squeezed, accompanied by a sensation of high body temperature, difficulty breathing, paraesthesia in the hands, and a perceived decrease in interaction with the environment. Sometimes the sensation increased in intensity and the patient had the perception that he was leaving his body, moving away from it in a backward and upward direction, seeing himself from a height of ±3 m, seeing his image and his surroundings. He was able to perceive colours and distinguish the people who were with him from a backward and upward position. Witnesses tell him that at this point he was disconnected from his environment. After this vision of his image and environment, the patient presented with generalised tonic-clonic seizures (GTCS) and the next thing he remembered was being surrounded by people who told him that he had seizures, myalgia and the need for restful sleep. Whenever he had AP, the episode ended in GTCS. He described these episodes as similar to those he had experienced in his teens.

In the complementary studies: the blood tests were normal, the electroencephalogram (EEG) showed sporadic sharp waves in the posterior temporal and temporal region of the right cerebral hemisphere. The brain magnetic resonance imaging (MRI) showed post-surgical changes with an area of right temporobasal encephalomalacia which in its deep portion adjacent to the temporal horn communicates with a cystic portion even with an intraventricular site. After gadolinium injection, no pathological enhancements suggesting tumour recurrence-residue are identified.

Treated with eslicarbazepine at a dose of 1,200 mg/day, he did not experience any further seizures.

APs can be classified into three types: out-of-body experiences (OBEs) (the subject observes his own body from above and his self-awareness is outside the physical body), autoscopy or perception of the body as a mirror (here self-awareness resides in the physical body) and heautoscopy (represents an intermediate state by shifting or fluctuating the location of self-awareness between the physical and non-real body, in which the patient may believe that there is a double of himself). In general, OBEs are described as unpleasant or fearful feelings, with a high degree of reality. They are accompanied by symptoms of depersonalisation, usually lasting seconds or minutes, the scene is described as three-dimensional and may be accompanied by floating sensations, auditory hallucinations or vibratory illusions.[1] OBEs have been associated with lesions at the temporoparietal junction. The real body and the world are viewed from the perspective of a duplicate body that is in a higher position. It is currently postulated that APs are the result of a failure in the integration, at the level of the temporo-parieto-occipital junction, of spatial perception (afferents from the visual cortex) and somatic self-perception (proprioceptive and interoceptive sensory afferents from the parietal sensory cortex and afferents